

This new mission in Afghanistan would include economic development, education, infrastructure, humanitarian assistance, better governance and improved local policing and intelligence to hunt down extremists. This is what the Afghan people want from America so that they can have hope for a better future and reject violent extremism.

Mr. Speaker, President Obama deserves credit for reviewing his decision earlier than expected to send more troops to Afghanistan. He is showing political courage, and he is showing an open mind by considering other alternatives. I urge him to choose a new course, one that will make our country proud and the world a much safer place.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, for 60 years our country has been trying to come up with a better way to deliver health care. Despite the lingering differences of opinion over how to achieve this goal, we really have come along further than we ever have before.

We all agree we need to put an end to insurance companies' most egregious practices. We need to lower the costs of health care for everyone. We need to better incentivize preventive and primary care.

These are all accomplished by the bill which has now passed out of our three House committees. Of course, it's much more interesting for the media to talk about the few areas where disagreements still exist rather than the accomplishments we have made so far. But the legislation before us means so much more security for America's hardworking families.

Right now, when you lose your job, it can mean your entire family loses access to health insurance. And if you are unfortunate enough to have a pre-existing condition, which in some States can be defined as having been the victim of domestic violence, then you may not qualify for any affordable health insurance coverage. Worse yet, when you buy health insurance on the individual market, there is a team of people ready to comb through your records to find a reason to drop you if you are ever diagnosed with a condition that is costly to treat. Now a few States have protections against these practices. But don't we agree that all Americans deserve access to these protections?

Ironically, my colleagues on the other side of the aisle have often touted a supposed "solution" to our health care troubles by allowing insurers to sell across State lines. If anything, their proposal would essentially allow insurance companies to continue their very worst practices because insurers would simply begin a race to the bottom. They would move their operations to whichever State affords the least consumer protections and sell those policies across State lines.

I'm especially concerned because I come from California, a State with some of the strongest consumer protections from health insurance company abuses. Here are some examples: California law requires that insurers cover a minimum stay in the hospital after a mastectomy. Our neighboring States of Nevada and Arizona do not. California law requires that patients have the right to appeal decisions by insurance companies and receive an external review. Idaho and Mississippi do not. And California has stricter laws defining what may and may not qualify as a preexisting condition. In Florida and Georgia, there are no definable conditions that insurers may classify as "preexisting," which means that a pre-existing condition could mean pretty much anything.

So to my friends on the other side of the aisle who believe that selling insurance across State lines will solve all of our problems, I remind you that your suggestion would do just the opposite. It would strip away vital consumer protections that exist for many patients now at the very time our focus needs to be on increasing consumer protections for American families.

□ 1515

We also agree that we need to lower costs. I'm very heartened by provisions in this bill that will achieve this shared goal.

For seniors, we're taking immediate steps to reduce their prescription drug costs by closing the doughnut hole. Since the rollout of Medicare part D, my constituents and seniors across the country have begged for relief from the doughnut hole. The doughnut hole is the period of time during which you pay an insurance company to not cover the cost of your medications. I have objected to this policy from day one.

Under our plan, seniors will see relief immediately. As we begin to close the doughnut hole, prescription drugs will be available at deep discounts. Eventually, the doughnut hole will disappear completely. This is the relief that America's seniors need, and we all can agree that they deserve it.

We will bring down costs by introducing a public option to compete with private insurers. Currently, private insurance companies have every reason to increase costs for patients and to reduce reimbursements to physicians in order to line their pockets.

Why? Because there's no competition. There's no one else in the market

offering consumers a choice. But the public option will finally bring greater choices to consumers in the individual insurance market. Once that happens, premiums will become more affordable as insurers compete for customers. Insurance companies will be enticed to reimburse physicians better in order to retain them in their networks. The necessity for more affordable choices is something we can all agree on.

We can also agree that we need to do a better job of improving preventive care and giving people the tools they need to be more personally responsible for their health and well-being. As a public health nurse, I spent decades educating people about the importance of adopting healthy habits. But too many people in this country don't have access to primary care and never see a health professional until an otherwise preventable disease has worsened. How tragic is this?

H.R. 3200 encourages better primary and preventive care. It does away with copays for preventive services. It increases primary care service reimbursements under Medicare and Medicaid. It makes smart investments in community-based prevention and wellness programs. These are the things we can all agree upon.

I urge my colleagues to join me in enthusiastically supporting H.R. 3200, supporting these principles on which we all agree.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### YEMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. WOLF) is recognized for 5 minutes.

Mr. WOLF. I want to talk about an issue dealing with our national security. CNN reported this morning that the security situation in Yemen is rapidly deteriorating, making a dangerous new haven for al Qaeda and terrorists.

This report is just the latest in a series of warnings about the security situation in Yemen. Earlier this week, Time magazine reported that "two-thirds of the country is out of government control," and that "al Qaeda is turning the lawless mountain areas of Yemen into a new staging area."

According to press reports today, U.S. counterterrorism officials believe that al Qaeda's "presence in Yemen threatens to turn the country into a dangerous base for training and plotting attacks."

In September 2008, al Qaeda terrorists in Yemen attacked the U.S. Embassy with vehicle bombs, killing 10 guards and civilians. Since that time, al Qaeda's posture in Yemen has grown